

UNITED STATES GOVERNMENT

Memorandum

TO : SAC, CHICAGO (92-350-Sub 24)

FROM : SUPERVISOR VINCENT L. INSERRA

SUBJECT: RACKETEER PROFILE PROGRAM
CHICAGO DIVISION

DATE: 1/12/73

In connection with captioned matter, the following Chicago hoodlums are being designated for inclusion in this program:

Subject	Chicago File	Agent Assigned
D'GIOVANNI, SAM	92-1729	SMITH, R. B.
DE ANGELES, RONALD	92-1835	[REDACTED]
DE BIASE, JOHN	92-2017	WACKS
DE CHIARO, GUIDO	92-1875	FORD, F.
DE GRAZIO, ROCCO	92-1994	[REDACTED]
[REDACTED]	[REDACTED]	BENIGNI
DE STEFANO, MARIO	92-2029	BENIGNI
DE STEFANO, SAM	92-1542	[REDACTED]
DI BELLA, DOMINICK	92-1165	ROEMER
DI CARO, CHARLES	92-2021	YORK
[REDACTED]	[REDACTED]	FORD, F.
DICKS, GEORGE	92-1860	[REDACTED]
DI VARCO, JOSEPH	92-691	
EBOLI, LOUIS	92-2293	FORD, F.
ELDORADO, ANTHONY	92-1374 ✓	JOHNSON
EMERY, RALPH	92-2013	SMITH, R. B.
ENGLISH, CHARLES	92-917	[REDACTED]
ENGLISH, SAMUEL	92-887	
ETO, KEN	92-671	

b6
b7C

Agents to whom these cases are assigned are requested to promptly execute the appropriate form which will be transmitted to the Bureau by SA ROBERT L. MALONE, coordinator of this program.

- 1 - C-1 Tickler
- 1 - SA MALONE Tickler
- 1 - Each of Above Cases

VLI/vcl
(22)



92-1374 Sub 1 vcl

92-1374 Sub 1

SEARCHED INDEXED
SERIALIZED FILED

JAN 12 1973
FBI - CHICAGO

VLI

NAME OF SUBJECT:

ANTHONY ^{T.} ELDORADO

FORM CM-75

MARITAL STATUS:

Single

3-14-63

ALIASES

: Tony PINES, Tony ZITO

NICKNAMES

: PineApples

FORM CM-76

SUBJECT'S IDENTIFYING NUMBERS (IF AVAILABLE)

FBI #

: 1160187

SOCIAL

SECURITY #

: 324 16 8013

PD #

: Chicago PD

DRIVERS

LICENSE #

: E 436-8011-4240

Date of Issue :

Date of Expiration:

State

: Illinois

Sub 1-
92-1374²

SEARCHED	INDEXED
SERIALIZED	FILED
JAN 17 1973	
FBI - CHICAGO	

Johnson

NAME OF PERSON SUBMITTING INFORMATION									
/SUB: J O H N S O N , H A R O L D K									
DATE		DATE		AGENCY		FIELD OFFICE			
/YR: 73		/MO: 01		/DY: 12		/AGN: FBI		/FLD: E	
OFFICE PHONE NUMBER									
/PHN:									
NEW *MOD*									
VERIFICATION		SUBJECT'S IDENTIFIER							
/VER: 1		/IDEN: 63E							
NAME OF SUBJECT									
/NAME: E L D O R A D O A N T H O N Y T									
SEX (M or F)		MARITAL STATUS (R)		MAIDEN NAME OF SUBJECT					
/SEX: M		/STAT: S		/MDN:					
ALIASES									
ALIAS *ALIAS* *ADD*ALIAS* *CHG									
/AKA: P T N E S , T O N Y									
ALIAS *ALIAS* *ADD*ALIAS* *CHG									
/AKA: Z I T O , T O N Y									
ALIAS *ALIAS* *ADD*ALIAS* *CHG									
/AKA:									
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/AKA:									
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NICKNAMES									
NICKNAME *NKNM* *ADD*NKNM* *CHG									
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NICKNAME *NKNM* *ADD*NKNM* *CHG									
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CINV									
DATE INVESTIGATION BEGAN									
DATE INVESTIGATION CLOSED									
/FYR: 63 /FMO: 03 /FDY: 14 /TYR: 00 /TMO: 00 /TDY: 00									
TYPE OF INVESTIGATION									
AGENCY INVESTIGATING									
/TINV:									
/AGYI:									
ADDITIONAL SOURCE OF INFORMATION *INFO* *ADD*INFO* *CHG									
INFO									
NAME OF PERSON IN AGENCY TO CONTACT									
/NAME:									
TITLE OF ABOVE INDIVIDUAL									
/TITLE:									
DIVISION EMPLOYED BY									
/DIV:									
AGENCY NAME									
/AG:									
CITY WHERE AGENCY IS LOCATED									
/CITY:									
STATE (R)		ZIP CODE		LEVEL OF GOVERNMENT (R)					
/ST:		/ZIP:		/LVL:					
INFO *ADD*INFO* *CHG									
INFO									
NAME OF PERSON IN AGENCY TO CONTACT									
/NAME:									
TITLE OF ABOVE INDIVIDUAL									
/TITLE:									
DIVISION EMPLOYED BY									
/DIV:									
AGENCY NAME									
/AG:									
CITY WHERE AGENCY IS LOCATED									
/CITY:									
STATE (R)		ZIP CODE		LEVEL OF GOVERNMENT (R)					
/ST:		/ZIP:		/LVL:					

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Organized Crime & Racketeering Section
Criminal Division
United States Department of Justice
RACKETEER PROFILE



SUBJECT'S IDENTIFYING NUMBERS										*ID*		*ADD*ID*		*CHG		*ID*			
VERIFICATION					FBI NUMBER														
/VER: <input checked="" type="checkbox"/>					/FBI: 1160187														
ORG. CRIME & RACKET. #					SOCIAL SECURITY NUMBER														
/OCR:					/SSN: 324168013														
CRIMINAL IDENTIFICATION NUMBER																			
/PD:																			
NAME OF AGENCY WHICH ASSIGNED ABOVE NUMBER																			
/AGENCY:																			
STATE (R)					ZIP CODE														
/ST:					/ZIP:														
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VERIFICATION					CRIMINAL IDENTIFICATION NUMBER														
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NAME OF AGENCY WHICH ASSIGNED ABOVE NUMBER																			
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STATE (R)					ZIP CODE														
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ID					*ADD*ID*					*CHG					*ID*				
VERIFICATION					FBI NUMBER														
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ORG. CRIME & RACKET. #					SOCIAL SECURITY NUMBER														
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ID					*ADD*ID*					*CHG					*ID*				
VERIFICATION					FBI NUMBER														
/VER:					/FBI:														
ORG. CRIME & RACKET. #					SOCIAL SECURITY NUMBER														
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CRIMINAL IDENTIFICATION NUMBER																			
/PD:																			
NAME OF AGENCY WHICH ASSIGNED ABOVE NUMBER																			
/AGENCY:																			
STATE (R)					ZIP CODE														
/ST:					/ZIP:														
ID					*ADD*ID*					*CHG					*ID*				

LICENSE OR MISCELLANEOUS NUMBERS										*NBR*		*ADD*NBR*		*CHG		*NBR*																		
VERIFICATION					DATE OF ISSUE					DATE OF EXPIRATION																								
/VER: <input checked="" type="checkbox"/>					/FYR:					/FMO:					/FDY:					/TYR:					/TMO:					/TDY:				
TYPE OF NUMBER OR LICENSE																																		
/TNBR: DRIVERS LICENSE																																		
NUMBER																																		
/NBR: E43680114240																																		
ISSUING AGENCY										ISSUING STATE (R)																								
/AGY: SECRETARY OF STATE										/ST: IL																								
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VERIFICATION					DATE OF ISSUE					DATE OF EXPIRATION																								
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TYPE OF NUMBER OR LICENSE																																		
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NUMBER																																		
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NBR										*ADD*NBR*					*CHG					*NBR*														
VERIFICATION					DATE OF ISSUE					DATE OF EXPIRATION																								
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TYPE OF NUMBER OR LICENSE																																		
/TNBR:																																		
NUMBER																																		
/NBR:																																		
ISSUING AGENCY										ISSUING STATE (R)																								
/AGY:										/ST:																								

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UNITED STATES GOVERNMENT

Memorandum

TO : SAC, CHICAGO (92-1374) (Sub 1)

DATE: 3/29/73

FROM : SA HAROLD K. JOHNSON

SUBJECT: ANTHONY ELDORADO
AR

The main file on the subject (92-1374) has been closed this date.

It is recommended a separate case be opened on 92-1374, sub 1.

HKJ/
(1)



5010-108-02

open
92-1374
Sub 1
VC 1

92-1374 Sub 1

SEARCHED	INDEXED
SERIALIZED	FILED
MAR 29 1973	
FBI - CHICAGO	

NK Johnson

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

PC
Post
VCL

92-1374 Sub 1

SEARCHED	INDEXED
SERIALIZED	FILED
APR 26 1973	
FBI - CHICAGO	

Johnson

FORM CM-77

VITAL STATISTICS

Name: ANDREW EL DORADO

Date of Birth: 8-23-16

Place of Birth: City CHICAGO State ILL. Zip Code _____

Citizenship: Country USA Verification? (Page 10) _____

Birth Record

Date of Death: _____

Place of Death: City _____ State _____ Zip Code _____

Cause of Death: _____

Verification? (Page 10) _____

Height: 5'8"

Weight: 190

Hair Color: GREY - BALDING

Eye Color: BROWN

Build: STOCKY

Complexion: RUDDY

Race: WHITE ITALIAN-AMERICAN

Physical Mark, Scar, Etc: _____

Mental or Physical

(A) Kind of mark

Health Problem: _____

(B) Position

Verification? (p. 10) _____

(C) Body part

(For above, see page 22)

Residence: Street Number 5463 West Madison City CHICAGO
State ILL. Zip Code _____

Name of Apartment, Hotel or Prison: _____

Apartment or Room Number: _____

Dates of Residence: 1962 - PRESENT

Telephone Number (s) NONE

Verification? (Page 10) _____

Education: 8th GRADE

Name of School: _____

Address: Street Number _____ City _____

State _____

Zip Code _____

Type of School: _____

(p. 18)

Highest Grade Completed: 8th

(p. 18)

Major: _____

Attendance Dates: _____

Verification? (p. 10) _____

Military Record: NONE

Highest Grade or Rank: _____

Dates in Service: _____

Type of Separation: _____

Branch of Service: (p. 22) _____

Reserve Branch: _____

Highest Grade or Rank (Reserve): _____

Military Occupational Specialty: _____

Reserve Dates: _____

Verification? _____

Hobby: _____

Kind of Hobby: _____

Where Hobby Takes Place: City _____ State _____ Zip Code _____

Annual Cost: _____

DATE		NAME OF PERSON SUBMITTING INFORMATION																											
		/SUB: JOHNSON, HAROLD K																											
		DATE														AGENCY							FIELD OFFICE						
		/YR: 73				/MO: 04				/DY: 25				/AGN: FBI							/FLD: E								
		OFFICE PHONE NUMBER																											
NEW OR MOD		/PHN:																											
		NEW (*MOD*)																											
		VERIFICATION							SUBJECT'S IDENTIFIER																				
		/VER:							/IDEN: 63E																				
		NAME OF SUBJECT																											
ALIASES		/NAME: ELDORADO, ANTHONY T																											
		SEX (M or F)							MARITAL STATUS (R)							MAIDEN NAME OF SUBJECT													
		/SEX:							/STAT:							/MDN:													
ALIASES		ALIAS *ALIAS* *ADD*ALIAS* *CHG																											
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		/NICK:																											
CINV		INVESTIGATION *CINV* (*ADD*CINV*) *CHG																											
		CINV																											
		DATE INVESTIGATION BEGAN														DATE INVESTIGATION CLOSED													
		/FYR:				/FMO:				/FDY:				/TYR:				/TMO:				/TDY:							
		TYPE OF INVESTIGATION														AGENCY INVESTIGATING													
INFO		/TINV: ANTIRACKETEERING /AGYI:																											
		ADDITIONAL SOURCE OF INFORMATION *INFO* *ADD*INFO* *CHG																											
		INFO																											
		NAME OF PERSON IN AGENCY TO CONTACT																											
		/NAME:																											
		TITLE OF ABOVE INDIVIDUAL																											
		/TITLE:																											
		DIVISION EMPLOYED BY																											
		/DIV:																											
		AGENCY NAME																											
/AG:																													
CITY WHERE AGENCY IS LOCATED																													
/CITY:																													
STATE (R) ZIP CODE LEVEL OF GOVERNMENT (R)																													
/ST: /ZIP: /LVL:																													
INFO *ADD*INFO* *CHG																													
INFO																													
INFO		NAME OF PERSON IN AGENCY TO CONTACT																											
		/NAME:																											
		TITLE OF ABOVE INDIVIDUAL																											
		/TITLE:																											
		DIVISION EMPLOYED BY																											
		/DIV:																											
		AGENCY NAME																											
		/AG:																											
		CITY WHERE AGENCY IS LOCATED																											
		/CITY:																											
STATE (R) ZIP CODE LEVEL OF GOVERNMENT (R)																													
/ST: /ZIP: /LVI:																													

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Organized Crime & Racketeering Section
Criminal Division
United States Department of Justice
RACKETEER PROFILE



VITAL STATISTICS ON SUBJECT										*BIRTH*									
BIRTH	VERIFICATION		CITY WHERE SUBJECT WAS BORN																
	/VER: D		/CITY: CHICAGO																
	STATE (R)		ZIP CODE		DATE OF BIRTH		CITIZENSHIP (R)												
	/ST: IL		/ZIP: 60600		/FYR: 1/6/FMO: 08/FDY: 23		/CIT: 7/5												
DEATH										*DEATH*									
DEATH	VERIFICATION		CITY WHERE SUBJECT DIED																
	/VER:		/CITY:																
	STATE (R)		ZIP CODE		DATE OF DEATH														
	/ST:		/ZIP:		/TYR:		/TMO:		/TDY:										
CAUSE OF DEATH																			
/DEAD:																			
PHYSICAL DESCRIPTION										*PHYS*									
PHYS	VERIFICATION		MENTAL OR PHYSICAL HEALTH PROBLEM						HAIR COLOR (R)										
	/VER:		/HLTH:						/HAIR: GRAY										
	HEIGHT		FINGERPRINT CLASSIFICATION (R)						EYE COLOR (R)										
	/HT: 508		/FING:						/EYE: BROWN										
	PHYSICAL MARK, SCAR, ETC. (R)		COMPLEXION (R)		WEIGHT														
	/MARK:		/CMPLX: RUDDY		/WT: 190														
	RACE (R)		BUILD (R)																
	/RACE: CAUCASIAN		/BLD: STOCKY																
	PHYS										*PHYS*								
	VERIFICATION		PHYSICAL MARK, SCAR, ETC. (R)																
/VER:		/MARK:																	
MENTAL OR PHYSICAL HEALTH PROBLEM																			
/HLTH:																			
SUBJECT'S RESIDENCE/TELEPHONE										*ADDR*									
ADDR	APARTMENT, HOTEL, OR PRISON NAME																		
	/EST:																		
	STREET NUMBER		STREET NAME						VERIFICATION										
	/STNBR: 5463		/STNM: MADISON W						/VER:										
	CITY OF RESIDENCE										STATE (R)								
	/CITY: CHICAGO										/ST: IL								
	ZIP CODE		DATES OF RESIDENCE																
	/ZIP: 60600		/FYR: 62		/FMO: 00/FDY: 00		/TYR: 00/TMO: 00		/TDY: 00										
	APARTMENT OR ROOM NO.		TELEPHONE (1)		TELEPHONE (2)														
	/APT:		/TEL1:		/TEL2:														
EDUCATION										*ED*									
ED	VERIFICATION		ATTENDANCE DATES																
	/VER:		/FYR:		/FMO:		/FDY:		/TYR:		/TMO:		/TDY:						
	NAME OF SCHOOL																		
	/EST:																		
	STREET NUMBER		STREET NAME																
	/STNBR:		/STNM:																
	CITY WHERE SCHOOL IS LOCATED										STATE (R)								
	/CITY:										/ST:								
	ZIP CODE		TYPE OF SCHOOL (R)						HIGHEST GRADE COMPLETED (R)										
	/ZIP:		/SCH: GRAMMAR		/GRD: 8														
MAJOR																			
/MJR:																			
MILITARY RECORD										*MIL*									
MIL	VERIFICATION		DATES IN SERVICE																
	/VER:		/FYR:		/FMO:		/FDY:		/TYR:		/TMO:		/TDY:						
	BRANCH OF SERVICE (R)																		
	/BRCH:																		
	MILITARY OCCUPATIONAL SPECIALITY										HIGHEST GRADE or RANK								
	/MOS:										/RANK:								
	TYPE OF SEPARATION																		
	/SEP:																		
	RESERVE BRANCH (R)										HIGHEST GRADE or RANK (Reserve).								
	/RSRV:										/RNK:								
RESERVE DATES																			
/NYR:										/NMO:		/NDY:		/MYR:		/MMO:		/MDY:	
HOBBY										*HOBBY*									
HOBBY	KIND OF HOBBY																		
	/HOB:																		
	CITY WHERE HOBBY TAKES PLACE																		
	/CITY:																		
STATE (R)		ZIP CODE		ANNUAL COST (Dollars)															
/ST:		/ZIP:		/COST:															

FORM CM-77 (Ed. 5-72)

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92
Post
VCL

92-1374 Sub 1

SEARCHED	INDEXED
SERIALIZED	FILED
APR 26 1973	
FBI—CHICAGO	

92-1374 Sub 1-5

Post
W

SEARCHED <i>PM</i>	INDEXED <i>PM</i>
SERIALIZED <i>PM</i>	FILED <i>PM</i>
JUL 11 1973	
FBI - CHICAGO	

VL



AGENT AND SUBJECT IDENTIFICATION *DATE*																				
DATE	NAME OF PERSON SUBMITTING INFORMATION																			
	/SUB: JOHNSON, HAROLD K																			
	DATE			AGENCY			FIELD OFFICE													
	/YR: 73 /MO: 07 /DY: 05			/AGN: FBI			/FLD: E													
	OFFICE PHONE NUMBER																			
NEW OR MOD	/PHN:																			
	NEW (MOD*)																			
	VERIFICATION		SUBJECT'S IDENTIFIER																	
	/VER:		/IDEN: 63E																	
	NAME OF SUBJECT																			
/NAME: EL DORADO, ANTHONY T																				
SEX (M or F)		MARITAL STATUS (R)		MAIDEN NAME OF SUBJECT																
/SEX:		/STAT:		/MDN:																
ALIASES																				
ALIAS	ALIAS		*ALIAS*		*ADD*ALIAS*		*CHG		*ALIAS*											
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	/NICK:																			
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	/NICK:																			
	NICKNAME		*NKNM*		*ADD*NKNM*		*CHG		*NKNM*											
	/NICK:																			
INVESTIGATION *CINV* (ADD*CINV*) *CHG																				
CINV	DATE INVESTIGATION BEGAN			DATE INVESTIGATION CLOSED																
	/FYR:			/FMO:			/FDY:			/TYR:				/TMO:		/TDY:				
	TYPE OF INVESTIGATION										AGENCY INVESTIGATING									
	/TINV: AIR										/AGYI:									
ADDITIONAL SOURCE OF INFORMATION *INFO* *ADD*INFO* *CHG										*INFO*										
INFO	NAME OF PERSON IN AGENCY TO CONTACT																			
	/NAME:																			
	TITLE OF ABOVE INDIVIDUAL																			
	/TITLE:																			
	DIVISION EMPLOYED BY																			
	/DIV:																			
	AGENCY NAME																			
	/AG:																			
	CITY WHERE AGENCY IS LOCATED																			
	/CITY:																			
	STATE (R)		ZIP CODE		LEVEL OF GOVERNMENT (R)															
	/ST:		/ZIP:		/LVL:															
	INFO		*ADD*INFO*		*CHG		*INFO*													
	NAME OF PERSON IN AGENCY TO CONTACT																			
	/NAME:																			
TITLE OF ABOVE INDIVIDUAL																				
/TITLE:																				
DIVISION EMPLOYED BY																				
/DIV:																				
AGENCY NAME																				
/AG:																				
CITY WHERE AGENCY IS LOCATED																				
/CITY:																				
STATE (R)		ZIP CODE		LEVEL OF GOVERNMENT (R)																
/ST:		/ZIP:		/LVL:																



RACKETEER PROFILE

SUBJECT'S EMPLOYMENT										*EMP*			
VERIFICATION		DATES OF EMPLOYMENT											
/VER:		/FYR:		/FMO:		/FDY:		/TYR:		/TMO:		/TDY:	
NAME OF BUSINESS WHERE EMPLOYED													
/EST:		UNEMPLOYED											
STREET NUMBER				STREET NAME									
/STNBR:				/STNM:									
CITY WHERE BUSINESS IS LOCATED													
/CITY:													
STATE (R)		ZIP CODE				TYPE OF BUSINESS (R)							
/ST:		/ZIP:				/BUS:							
JOB TITLE (DESCRIPTION OF WORK)						ANNUAL INCOME (IN THOUS.)							
/JOB:						/SAL:							

FINANCIAL HOLDING OR OBLIGATION										*FINAN*	
VERIFICATION		TYPE OF HOLDING OR OBLIGATION (R)									
/VER:		/TFIN:									
NAME OF BUSINESS											
/EST:											
STREET NUMBER				STREET NAME							
/STNBR:				/STNM:							
CITY WHERE BUSINESS OR REAL ESTATE IS LOCATED											
/CITY:											
STATE (R)		ZIP CODE				TYPE OF BUSINESS (R)					
/ST:		/ZIP:				/BUS:					
NUMBER OF SHARES (IN 100'S)				FACE VALUE OR PRINCIPAL (IN 100'S)				ANNUAL INCOME (IN 100'S)			
/SHR:				/VALUE:				/INC:			
FINAN		*ADD*FINAN*		*CHG				*FINAN*			

FINAN											
VERIFICATION		TYPE OF HOLDING OR OBLIGATION (R)									
/VER:		/TFIN:									
NAME OF BUSINESS											
/EST:											
STREET NUMBER				STREET NAME							
/STNBR:				/STNM:							
CITY WHERE BUSINESS OR REAL ESTATE IS LOCATED											
/CITY:											
STATE (R)		ZIP CODE				TYPE OF BUSINESS (R)					
/ST:		/ZIP:				/BUS:					
NUMBER OF SHARES (IN 100'S)				FACE VALUE OR PRINCIPAL (IN 100'S)				ANNUAL INCOME (IN 100'S)			
/SHR:				/VALUE:				/INC:			
FINAN		*ADD*FINAN*		*CHG				*FINAN*			

BANK ACCOUNT										*BANK*			
VERIFICATION		DATES OF ACCOUNT											
/VER:		/FYR:		/FMO:		/FDY:		/TYR:		/TMO:		/TDY:	
TYPE OF ACCOUNT (R)		ACCOUNT NUMBER											
/ACCT:				/ACCTNBR:									
NAME OF BANK													
/EST:													
BANK BRANCH NAME													
/BRNM:													
STREET NUMBER				STREET NAME									
/STNBR:				/STNM:									
CITY WHERE BANK IS LOCATED													
/CITY:													
STATE (R)		ZIP CODE											
/ST:		/ZIP:											
BANK		*ADD*BANK*		*CHG				*BANK*					

BANK													
VERIFICATION		DATES OF ACCOUNT											
/VER:		/FYR:		/FMO:		/FDY:		/TYR:		/TMO:		/TDY:	
TYPE OF ACCOUNT (R)		ACCOUNT NUMBER											
/ACCT:				/ACCTNBR:									
NAME OF BANK													
/EST:													
BANK BRANCH NAME													
/BRNM:													
STREET NUMBER				STREET NAME									
/STNBR:				/STNM:									
CITY WHERE BANK IS LOCATED													
/CITY:													
STATE (R)		ZIP CODE											
/ST:		/ZIP:											

HANGOUT

Red
W

92-1374 Sub 1-5

SEARCHED <i>PM</i>	INDEXED <i>PM</i>
SERIALIZED <i>PM</i>	FILED <i>PM</i>
JUL 11 1973	
FBI - CHICAGO	

161

Close
10-23-73

92-7374 Sub 1-6

SEARCHED <i>h</i>	INDEXED <i>h</i>
SERIALIZED <i>h</i>	FILED <i>h</i>
JUL 26 1973	
FBI - CHICAGO	

Organized Crime & Racketeering Section
Criminal Division
United States Department of Justice
RACKETEER PROFILE



VEHICLE (DESCRIPTION) *VEH1*		*ADD*VEH1*	*CHG*					*VEH1*
VEH 1	VERIFICATION	TYPE OF VEHICLE (R)						MODEL YEAR
	/VER: V	/VEH: CAR						/MODYR: 67
	MAKE OF VEHICLE							
	/MAKE: OLIVE							
	MODEL OF VEHICLE						VEHICLE COLOR (R)	
	/MODEL: IMPALA						/COL: BLUE	
	BODY STYLE OF VEHICLE (R)							
/BODY: SEDAN 4 DR								
SERIAL NUMBER OF VEHICLE								
/SERNBR: 1542971131478								

VEHICLE (OWNERSHIP) *VEH2*		*ADD*				*VEH2*	*CHG*				*VEH2*
VEH 2	VERIFICATION	LICENSE VALIDITY DATES									
	/VER: V	/FYR: 73	/FMO: 00	/FDY: 00	/TYR: 73	/TMO: 00	/TDY: 00				
	NAME OF PERSON OR COMPANY OWNING VEHICLE										
	/OWN: EL DORADO, ANTHONY T										
	CITY WHERE OWNER RESIDES										
	/CITY: CHICAGO										
	STATE (R)		ZIP CODE		TITLE NUMBER						
	/ST: IL	/ZIP: 60600	/TTL:								
	LICENSE TAG NUMBER										
	/REG: IL-R3314										
VEH2		*ADD*		*VEH2*		*CHG*		*VEH2*			
VERIFICATION											
/VER:											
NAME OF SECOND PERSON OR COMPANY OWNING VEHICLE											
/OWN:											

VEHICLE (DESCRIPTION) *VEH1*		*ADD*VEH1*	*CHG*					*VEH1*
VEH 1	VERIFICATION	TYPE OF VEHICLE (R)						MODEL YEAR
	/VER:	/VEH:						/MODYR:
	MAKE OF VEHICLE							
	/MAKE:							
	MODEL OF VEHICLE						VEHICLE COLOR (R)	
	/MODEL:						/COL:	
	BODY STYLE OF VEHICLE (R)							
/BODY:								
SERIAL NUMBER OF VEHICLE								
/SERNBR:								

VEHICLE (OWNERSHIP) *VEH2*		*ADD*				*VEH2*	*CHG*				*VEH2*
VEH 2	VERIFICATION	LICENSE VALIDITY DATES									
	/VER:	/FYR:	/FMO:	/FDY:	/TYR:	/TMO:	/TDY:				
	NAME OF PERSON OR COMPANY OWNING VEHICLE										
	/OWN:										
	CITY WHERE OWNER RESIDES										
	/CITY:										
	STATE (R)		ZIP CODE		TITLE NUMBER						
	/ST:	/ZIP:	/TTL:								
	LICENSE TAG NUMBER										
	/REG:										
VEH2		*ADD*		*VEH2*		*CHG*		*VEH2*			
VERIFICATION											
/VER:											
NAME OF SECOND PERSON OR COMPANY OWNING VEHICLE											
/OWN:											

NON-RESIDENCE PHONE		*PHONE*	*ADD*PHONE*	*CHG*				*PHONE*
PHONE	VERIFICATION	DATE OR PERIOD OF USAGE						
	/VER:	/FYR:	/FMO:	/FDY:	/TYR:	/TMO:	/TDY:	
	PHONE NUMBER							
	/NUMBER:							
	NAME OF SUBSCRIBER							
	/EST:							
	STREET NUMBER				STREET NAME			
	/STNBR:				/STNM:			
	CITY WHERE SUBSCRIBER RESIDES (IS LOCATED)							
	/CITY:							
STATE(R)		ZIP CODE						
/ST:		/ZIP:						
REMARKS ABOUT USAGE LOCATION, PURPOSE, ETC.								
/REMARK:								

NAME:

ELDORADO, Anthony

VEHICLES

Type of vehicle: CAR
(see attached page)

Model year: 1967

Make of vehicle: CHEVROLET

Model of vehicle: IMPALA

Vehicle color: BLU
(see attached page)

Body style of vehicle: SEDAN 4 dr.
(see attached page)

Serial number of vehicle: 154697 U131478

Verification: ☒ (see attached page)

License validity dates: 1973

Name of person or company owning vehicle: ANTHONY T. ELDORADO

City, state and zip code where owner resides: 6107 S. KNOX CT.
CHICAGO.

Title number:

License tag number and state: CK3314

Verification: ☒ (see attached page)

Name of second person or company
owning vehicle:

Verification: (see attached page)

NON-RESIDENCE PHONE

Dates of usage:

Phone number:

Name of subscriber:

Street address, city, state and zip code:

Remarks about usage location, purpose, etc.:

Verification: (see attached page)

92-1374

FORM CM-80

Johnson

92-1374

Name: *Anthony Eldorado*

Name of Place frequented: *PAL JOEY HOT DOG STAND*
(Hangout)

Type of Establishment: *RESTAURANT*
(see attached page)

Verification: *OV*
(see attached page)

Street Address, City, State, and
Zip Code Where Establishment is Located: *5463 West Madison
Chicago, Ill.*

Frequency: *daily*
(see attached page)

Average Length of stay: *1/8 day*
(in days)

Dates of Travel:

Name of Lodging:

Street Address, City, State, and
Zip Code of Lodging:

Mode of Travel:

Name of Carrier:

Verification:
(see attached page)

H. Johnson #8

92-1074

Name: *Anthony Eldorado*
Dates of Employment:
Name of Business Where Employed:

Address, City, State, and
Zip Code Where Employed:

Verification:
(refer to attached pg. 1)
Type of Business:
(refer to attached pg. 1)

Job Title:
Annual Income:

Type of Financial Holding or
Obligation: (refer to attached pg. 2)

Verification:
(refer to attached pg. 1)

Name of Business:

Street Address, City, State, and Zip Code
Where Business or Real Estate is Located:

Type of Business:
(refer to attached pg. 1)

Number of Shares:
Percent(%) Control:
Face Value or Principal:
Annual Income:
(from financial holdings)

Type of Bank Account:
(refer to attached pg. 2)
Verification:
(refer to attached pg. 1)

Dates of Account:
Account Number:
Name of Bank:
Bank Branch Name:
Street Address, City, State,
and Zip Code of Bank:

N. Johnson

#5